OBJECTIVES: To assess the quality of life (QoL) of patients with an exudative Age-Related Macular Degeneration (AMD) treated by intravitreal Anti-VEGF (vascular endothelial growth factor) and determine its drivers in a real-life setting. **METHODS:** A self-reported survey was carried out among AMD patients belonging to 2 French associations. Only patients with exudative AMD and under active intravitreal anti-VEGF treatment over the last 6 months were included. Data on demographics, disease parameters, past and ongoing treatments were collected. One validated vision-specific QoL instrument was also considered: the NEI-VFQ-25. Patients were stratified into four groups of visual acuity (VA). A multivariate model was performed to identify the QoL drivers. **RESULTS:** Out of the 1,888 questionnaires mailed 32.4% were returned and 24.7% fulfilled the inclusions criteria and were fully completed for analyses. Patients' mean age was 78.0 years (SD 7.6). A total of 70.5% were women. A total of 60.4% had bilateral disease. The mean duration of symptomatic exudative AMD was respectively of 7.2 (SD 5) and 2.3 years (SD 3) for the first and the second eye. Most of anti-VEGF treated eyes (n=641) were treated for more than 1 year (77.4%). The mean annual number of anti-VEGF injections was 4.7 (SD 2.7). The mean NEI-VFQ-25 global score was 53.4 (SD 21.5). A decrease of this score was positively correlated to VA decrease (0.63;p<.0001). This correlation was observed for 11 subscales out of 12. The main risk factor associated to the lower QoL score was the worst VA category, with an odds ratio of 5.2 (CI95%[2.6-10.4];p<.0001). **CONCLUSIONS:** In a real-life survey of patients treated and followed for exudative AMD, VA decrease was the strongest factor linked to QoL worsening. Other factors such as the number of Anti-VEGF injections were not correlated to QoL in this study. Then, preservation of useful VA still remains a major concern to improve patients' QoL.

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ASSESSMENT AND CAUSAL LINK BETWEEN VISION-RELATED QUALITY OF LIFE AND GENERAL HEALTH RELATED QUALITY OF LIFE IN DRY EYE PATIENTS

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OBJECTIVES: This abstract describes attempts to evaluate the burden of dry eye disease with regards to vision-related quality of life (QoL) and the causal link to general health related quality of life. Recent increased awareness of dry eye disease (DED) by both health care professional and patients has been accompanied by improved recognition that it is a chronic disorder often requiring long-term treatment and management. DED, frequently associated with symptoms of discomfort and visual disturbance, also impairs general health status and general quality of life, including aspects of physical, social, and psychological functioning. This abstract summarizes the available research on the burden of DED and the impact on QoL. **METHODS:** The research included systematic literature search on clinical relevant DED literature based on HTA relevant requirements, in order to identify potential differences within DED. Correlations with socio- demographic characteristics, clinical parameters, and psychological status were evaluated. **RESULTS:** A relative small amount of data supporting the effectiveness of DED treatments as assessed by QoL measures exists (such as DEQLQ, IDEEL etc.). Dry eye treatments have been associated with improvements in symptoms measured by OSDI (Ocular Surface Disease Index), and in ophthalmology-disease-specific measurement of QoL, and with enhancement of patients' ratings regarding their ability to perform activities of daily life. Significant correlations were found between symptoms score and QoL scores and patient anxiety, especially depression levels which correlates to general health. **CONCLUSIONS:** Vision-related QoL in dry eye patients was correlated with general health status, especially with anxiety and depression. DED has further implication on general public health and deserves an increased attention and resources.

SENSORY SYSTEMS DISORDERS – Health Care Use & Policy Studies

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PHYSICIAN EXPERIENCE WITH RITUXIMAB TO TREAT PEMPHIGUS VULGARIS IN CANADA: A QUESTIONNAIRE-BASED STUDY

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OBJECTIVES: To examine the experience of physicians who treat patients with pemphigus vulgaris (PV) in Canada as well as the utilization and access of the drug rituximab (Rtx). **METHODS:** An online questionnaire was created in SurveyMonkey® to collect data from participants based on a convenience sample size of 10 English-speaking dermatologists. Consent was implied once the dermatologist completed the questionnaire. Non-identifying information for both dermatologists and PV patients was collected. **RESULTS:** The 10 participating dermatologists have been treating PV patients an average of 20.9 ± 10.7 (5 – 45) years in which 28.8 ± 58.3 (0 – 200) was the mean number in their practice. Experience with Rtx is based on an average of 4.1 ± 3.8 (0 – 10) years and 13.1 ± 29.2 (0 – 100) PV patients treated with Rtx. All participants answered that "failure of conventional therapy for at least six months" was the primary reason for using Rtx and that azathioprine, intravenous immunoglobulin and mycophenolate mofetil were the most popular treatments used to treat PV patients prior to Rtx. On average, it takes 3.2 ± 2.2 (0 – 6) months for a remission to be induced after Rtx treatment and 90% of the dermatologists were concerned that infections would be an adverse event. Lastly, 6.3 ± 12.3 (0 – 40) was the mean number of Rtx drug reimbursement letters that the dermatologists had written on behalf of PV patients in which 1.9 ± 2.5 (0 – 6) letters were successful in securing Rtx drug reimbursements. **CONCLUSIONS:** A recent survey of 10 Canadian dermatologists experienced with treating PV patients found that Rtx utilization is still new, disease remission is achieved within a short period of time, and the drug reimbursement process remains a barrier based on the low number of letters written by the dermatologists.

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REAL-WORLD UTILIZATION DATA OVER 4 YEARS OF RANIBIZUMAB INJECTIONS FOR THE TREATMENT OF WET AGE-RELATED MACULAR DEGENERATION IN CANADA

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OBJECTIVES: To assess the yearly frequency of ranibizumab injections for the treatment of wet Age-Related Macular Degeneration (wAMD) in two large Canadian public drug plans: Ontario Public Drug Program (OPDP) and Régie de l'assurance-maladie du Québec (RAMQ). **METHODS:** Pharmastat database (IMS Health Canada Inc.) was used to assess the mean annual number of ranibizumab injections for wAMD patients covered by the OPDP or RAMQ drug plans (1 injection was defined as 1 claim). Only wAMD treatment-naïve patients were included and the index date was defined as the date of the first ranibizumab claim. The analysis looked at monthly data from March 2008 to November 2012 for OPDP patients and from January 2008 to May 2012 for RAMQ patients and tracked the mean number of claims during the patient's first, second, third and fourth year of ranibizumab therapy. **RESULTS:** For the OPDP, the mean number of ranibizumab injections was 6.0, 5.4, 5.5 and 5.6 for year 1 (N=26,606), year 2 (N=19,466), year 3 (N=12,708), and year 4 (N=6,681), respectively. For the RAMQ, the mean number of injections was 5.4, 4.7, 5.2 and 5.7 for year 1 (N=3,457), year 2 (N=2,185), year 3 (N=1,178), and year 4 (N=349), respectively. **CONCLUSIONS:** These results suggest that many Ontario and Quebec retina specialists and ophthalmologists do not treat monthly but rather adopt an individualized ranibizumab treatment regimen to manage their patients' wAMD. In addition, these results provide information on the real-world utilization of ranibizumab in wAMD for up to four years of treatment. The analyses, conclusions, opinions and statements expressed are those of Novartis Pharmaceuticals Canada Inc., and not those of IMS Health Canada Inc.

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DEFINING THE PATIENT JOURNEY VIA CLAIMS ANALYSIS IN AN ORPHAN OPHTHALMIC CONDITION: IS THERE A STANDARD OF CARE?

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OBJECTIVES: To date, there has not been extensive study on the economics or established treatment guidelines in patients with non-infectious posterior uveitis (NIPU). Current treatment is mostly topical/systemic/injection corticosteroids, though treatment is associated with significant side effects. We undertook a secondary research analysis of MarketScan claims data to better understand the patient journey and the current treatment standard of care for NIPU patients. **METHODS:** We analyzed the MarketScan dataset to identify NIPU patients from a defined list of ICD-9 codes. We then identified patients with 30 months of continuous enrollment data, 6 months prior and 24 months post initial diagnosis. Patients were assessed for number of office visits/procedures, number of diagnostic tests, number of inpatient stays, and number and frequency of drug treatment (corticosteroids, corticosteroid injections, immunomodulators, and biologics). **RESULTS:** Of the 56 million lives in the claims dataset, 34,827 had an ICD-9 code consistent with NIPU. Of these unique patients, 33,386 were analyzed. 78.8% of patients came from the commercial dataset, 59% of patients were female, and the average age at diagnosis was 51.5 years. Prior to diagnosis, 5,775 patients were treated for NIPU at an average cost of $185.43 per patient (58.0% topical/systemic corticosteroids, 22.7% corticosteroid injections, 15.7% immunomodulators, 3.7% biologics). In the 24 months post-diagnosis, the number of treated patients increased to 11,570 patients at an average cost of $249.01 per patient (45.7% topical/systemic corticosteroids, 37.4% corticosteroid injections, 16.4% immunomodulators, 3.2% biologics). Examining each six-month period post-diagnosis, the number of treated patients decreased, but the share of treatments remained the same. **CONCLUSIONS:** Patients with NIPU are engaging the health care system and being treated for NIPU at least six months prior to an official diagnosis. Efforts should be made to better identify patients with NIPU to ensure proper diagnosis and treatment.

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WAITING TIMES AND SCHEDULING IN DERMATOLOGICAL PRACTICES IN GERMANY

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OBJECTIVES: Waiting time for medical consultation is an important quality indicator of health systems. International studies have shown that there is considerable variation of waiting time between countries. It may also vary within countries depending on the degree of emergency, indication, and way of reimbursement. Our objective was to assess practice organization and waiting times in German dermatological practices. **METHODS:** A one page questionnaire was sent to be returned anonymously by fax to 2,644 German office base dermatologists randomly selected. Included were items on organization of practice, region and specific average waiting times for selected diagnoses. The postal codes obtained from the practices were mapped to the 17 German regions of physicians association of statutory health insurance. **RESULTS:** Data sets were obtained from 681 practices. A total of 4.3% of practices rarely or never gave fixed appointments, 36.3% only gave fixed appointments. The percentage of treatment at fixed appointments varied by regions from 71.1% in Bremen and Brandenburg to 90.0% in Hessen. Moreover, private practices not being associated with the statutory health system showed a higher rate of timed appointments with 94.8% compared to 83.0%. Average waiting time in practices treating also patients with statutory health insurance is 5 weeks and thus 4 times higher compared to waiting time in practices treating private insured patients only (1.2 weeks). There was large variation in waiting time for the first appointment between different indications. Patients with acute eczema or pigmented lesions specific for melanoma were given appointments after 1.7 or 1.2 weeks, respectively; for skin cancer screening, patients had to wait for 5.7 weeks on average. There was only small geographic variation regarding this pattern. **CONCLUSIONS:** Patients with risky and acute indications are treated with low waiting times whereas patients with less threating skin diseases have to wait longer for appointments at dermatological offices.